

1. PLEASE PROVIDE THE NAME OF YOUR ORGANIZATION, THE COUNTY OR COUNTIES OF OPERATION, AND THE TYPE OF SPECIALTY TAG THAT GENERATES ITS REVENUE.

(Specialty License Plate)

_____ through _____

4. PLEASE IDENTIFY THE CHECK/WARRANT DATE AND MONEY AMOUNTS RECEIVED BY YOUR ORGANIZATION FROM THE SPECIALTY LICENSE PLATE PROGRAM DURING THE MOST RECENT ACCOUNTING PERIOD.

5. PLEASE PROVIDE A CATEGORICAL LIST OF EXPENDITURES FOR THE FISCAL YEAR.

Revised: November, 2005

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECEIVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERCIAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY F.S. s. 320.08056 AND 320.08058 OR 320.08068 OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY F.S. s. 320.08062 AND THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature of organization head)

(Date)

(Printed name)

(Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS ____ DAY OF _____
(Month)
_____, BY _____.
(Year) (Name of person making statement)

WHO

(Check one)

_____ IS PERSONALLY KNOWN TO ME, OR

_____ PRODUCED IDENTIFICATION _____
(Type of ID produced)

(Signature of notary public)

(Print, Type, or Stamp commissioned name of notary public)

Return Address:

**Division of Motor Vehicles
Bureau of Titles and Registrations
Specialty License Plate Section, Mail Stop 68
2900 Apalachee Parkway
Tallahassee, Florida 32399-0500**

Phone # (850) 617-3870